

Risk Being Assessed for: Person Name: Faith Cranston Risk Title: Personal care with two male staff members

Risk/ Ref No.	Risk Description & Consequences	Risk Probability (L/M/H) 1,2,3,	Risk Impact (L/M/H) 1,2,3,	Risk Priority Red if >6+ Amber if 3,4 Green if 1,2	Risk Indicator Type : Tolerate, Treat, Transfer, Terminate	Mitigation Action	Risk Priority After Mitigation Red if >6+ Amber if 3,4 Green if 1,2	Owner	Next Review Date
1	Faith needing support with personal care including during monthly period.	2	2	4	Treat	1. If two male members of staff are on shift during Faith's period, they should remember to prompt Faith to check and change her pad throughout the day.	3	All staff	01/12/20
2	Faith needing support with personal care when in the shower, including during monthly period. Faith may not be able to perceive the temperature of water so assistance should be given by staff.	2	2	4	Treat	<ol> <li>Faith is supported 2:1 at all times, this may mean two male staff members could be on shift together. 2. If two male members of staff are on shift, water should be turned on and run in advance to check temperature before Faith goes into the bathroom to shower. 3. If Faith asks to have armpits shaved, Faith must be reassuread that women staff members will do this when they are next in.</li> </ol>	3	All staff	01/12/20
3	Faith may need help putting on tights or other clothing items.	2	2	4	Ireat	1. If two male members of staff are on shift, Faith should be encouraged to wear clothes she can put on herself with assistance.	3	All staff	01/12/20

4	Faith pulls down her pyjama pants when insulin is given.	2	2	4	Treat	<ol> <li>If two male members of staff are on shift, Faith should be encouraged to pull up her pant leg so male staff can administer insulin, or male staff can administer insulin in Faith's stomach if need be throughout the day. This will ensure Faith's dignity is maintained.</li> </ol>	3	All staff	01/12/20	
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I/We have read, understand and agree with the risk assessment								
Signatures								
Print Name:	Sign Name:	Date:	Review Date:					